

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162519  
Health Plan Name: Amerigroup Louisiana, Inc.  
Health Plan Contact: \*\*\*  
Contact Email: \*\*\*  
Report Period Start Date: 20131101  
Report Period End Date: 20131130

BAYOU HEALTH Reporting

Document ID: PI182  
Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT  
Reporting Frequency: Monthly  
Report Due Date: 15th of the month following end of reporting period  
File Type: Excel  
Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	539	
% Upheld		
% Overturned		
% Withdrawn		

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Sep-2013	Received this Month	654	619	8	3	5		19				466		466		
	Total Closed this Month	465	426	12	3	5		19				539		539		
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	432	420	6	1	5						539		539		
	Per Independent Arbitration															
	Per DHH Review															
	Other	33	6	6	2			19								
	Total Pending (cumulative as of month end)	193	193									120		120		
	Information needed from Provider															
	Internal Plan Review		193													
	Independent Arbitration															
	DHH Review															
	Other															
2013 Year to Date (YTD)	Total Complaints Received YTD	8104	7521	89	82	73	22	103	100			6692		6692		
	Total Closed YTD	8453	8085	79	68	61	16	77	67			5687		5687		
	Withdrawn by Provider	0										0	0	0		
	Per Internal Plan Decision/Correction	8704	8480	51	34	60	16	5	58			4964	0	4964		
	Per Independent Arbitration	0										0	0	0		
	Per DHH Decision	3	2	0	1	0	0	0								
	Other	259	115	26	12	10	0	87	9			0	0	0		

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

<sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.  
Reporting Period: 20131101 - 20131130

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P4-Referred to DHH P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C4-Per DHH Review C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
--------------------------	---------------------------------	--------------	----------------------	---	---------------------------	-------------------------------------	-----------------

N/A

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.  
Reporting Period: 20131101 - 20131130

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
N/A						